

JOINT STUDENT LEADERSHIP OFFICER TRAINING/PLANNING CONFERENCE

CODE OF CONDUCT

AS A CONFERENCE PARTICIPANT I AGREE TO:

1. Attend all business sessions and conference activities promptly.
2. Wear a name badge to all conference sessions.
3. Keep advisors/chaperons informed of my activities and whereabouts at all times.
4. Respect the property of others, including roommates and the hotel. Individuals will be financially responsible for any damage or loss which might occur to the hotel facilities.
5. Not use my own car or ride in cars belonging to others during the conference unless accompanied by an advisor.
6. Not use alcoholic beverages and/or controlled substances in any form, nor have them in my possession at any time.
7. Remain in my respective room and quiet at curfew as stated in the conference program as "Lights Out".
8. Be in official dress for all meetings unless otherwise specified.

I understand that any infraction of any of these rules will be sufficient cause for my participation in the conference to be terminated and that I will be sent home at my own expense.

Participant's Signature

Date

Parent's Signature

Date

EMERGENCY HEALTH INFORMATION

Name of Student:					
Age:			Gender circle one:	M	F
PTE Student Organization: Circle One	BPA	DECA	FCCLA	FFA	HOSA SkillsUSA TSA
Parent Name:					
Telephone		(Home)		(Work)	
Insurance Co. and Policy Number:					
Emergency Person (if parents can't be reached):					
1.		Telephone:			
2.		Telephone:			
Physician:		Telephone:			
Health Concerns of Student:					
Is student taking any medication: _____			If yes, please explain.		
Does student have any chronic health problems?			If yes, please explain.		
Is student limited in any physical activity?			Please explain.		
Does student have any allergies?			(Food or otherwise)		Please explain.
Any other concerns you would like to bring to our attention?					
I authorize representatives of Professional-Technical Education to obtain emergency medical services for the above named student in the event of accident or illness.					
Parent or Guardian			Date		